

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023389

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 3042

FILED JUN 25 1962

1. PLACE OF DEATH

a. COUNTY Jacksonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
3 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Luke's HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnsonc. CITY OR TOWN Mission WoodsInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
5359 Mission Woods Rd.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
EdwardMiddle
J.Last
Rychel Jr.

4. DATE OF DEATH

Month
JuneDay
6Year
1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

June 2, 1908

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Realtor10b. KIND OF BUSINESS OR INDUSTRY
Real Estate11. BIRTHPLACE (City and state or country)
Jackson County,12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Edward Joseph Rychel

13b. MOTHER'S MAIDEN NAME

Mary Harris

14. NAME OF HUSBAND OR WIFE

Margaret Rand Rychel,15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
[REDACTED]17. INFORMANT
Margaret Rand Rychel,
Address 5359 Mission Woods Rd., Mission Woods, Kansas18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

4 1/2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Squamous cell Carcinoma involving Ribs,

DUE TO (c)

vertebrae, spinal cord, kidney. (Known) 8 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug. 1961 to 6-6-62 and last saw him alive on June 5, 1962
Death occurred at 9:05 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold M. Roberts M.D.

22b. ADDRESS

1103 Grand, K.C. 6 mo.

22c. DATE SIGNED

June 8, 196223a. BURIAL, CREMATION, REMOVAL (Specify)
Cremation23b. DATE
6-8-6223c. NAME OF CEMETERY OR CREMATORY
D. W. Newcomers Sons23d. LOCATION (City, town, or county)
Kansas City, Missouri

24. FUNERAL DIRECTOR

Stine & McClure, Kansas City, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

6-8-62

26. REGISTRAR'S SIGNATURE

Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

H.M. Roberts MEDICAL CERTIFICATION

Mr. Harold Roberts
1530 Prof. Bldg
Ha 1-1326
~~Call 1-1326~~
9:00-9:30-
Call 1-1326
He will come here.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William M. Turner

Licensed Embalmer No.

4648

P. O. Address

Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.